INCIDENT REPORT

This incident is an:

❑ INJURY	❑ ILLNESS	❑ DAMAGE	❑ THIRD PARTY INVOLVED

Date: _____ Date Reported: _____
Company: _____ Department: _____
Supervisor: _____ Phone Number: _____

1. Name of Party Involved/Injured/Ill	2. Social Security Number	3. Sex	4. Age	5. Date of Incident

6. Home Address	7. Employee's Occupation	8. Job Task at Time of Incident
_____ _____ Phone ( )_____		

9. Date of Hire	10. Employee was Working	11. Employment Category	12. Time and Day
	❑ Alone ❑ with Fellow Workers ❑ Other _____	❑ Regular, full-time ❑ Temporary ❑ Regular, part-time ❑ Seasonal ❑ Non-employee	❑ ____A.M. ❑ ____P.M. ❑ _____day of week

10. Experience in Occupation at Time of Incident	11. Name and Address of Physician	12. Name and Address of Hospital
❑ Less than 1 month ❑ 1-5 months ❑ 6 months to 1 year ❑ 1-4 years ❑ 5 or more years	_____ _____ Phone ( )_____	_____ _____ _____ _____

13. Specific Location of Incident	14. Phase of Employee's Workday at Time of Injury	
_____ Was it on the employer's premises? Yes No	❑ During break period ❑ Entering or leaving the building ❑ Performing work duties	❑ Working overtime ❑ Other (explain below) ❑ During meal period

15. Employee's Supervisor at time of Incident.	16. Probable Recurrence Rates	17. Loss Severity Potential
Witnessed Incident? ❒ yes ❒ no	❒ Frequent ❒ Occasional ❒ Rare	❒ Major ❒ Serious ❒ Minor

21. PART of BODY INJURED or AFFECTED ❒ Not Applicable

❑ Skull, Scalp	❑ Jaw	❑ Abdomen	❑ Shoulder	❑ Wrist	❑ Knee	❑ Foot	
❑ Eye	❑ Neck	❑ Back	❑ Upper Arm	❑ Hand	❑ Thigh	❑ Toe	
❑ Nose	❑ Spine	❑ Pelvis	❑ Elbow	❑ Finger	❑ Lower Leg	❑ Ankle	
❑ Mouth	❑ Chest	❑ Other Body Part	❑ Forearm	❑ Hip	❑ Other _____		

22. NATURE of INJURY, ILLNESS, or PROPERTY/BUILDING/EQUIPMENT DAMAGE

❑ Puncture	❑ Bruise, Contusion	❑ Skin Disorder	❑ Amputation	❑ Muscle Sprain	❑ Building Damage	❑ Equipment Damage	
❑ Laceration	❑ Dislocation	❑ Burn	❑ Insect/Animal Bite	❑ Muscle Strain	❑ Irritation	❑ Property Damage	
❑ Fracture	❑ Abrasion	❑ Respiratory	❑ Foreign Body	❑ Hernia	❑ Infection	❑ Other	

23. DISPOSITION	24. DIAGNOSIS	25. SEVERITY
❑ Days away from work #_____ ❑ Restricted work days #_____ ❑ Date returned to work _____/_____/_____ Sent to ❒ Doctor ❒ Hospital	_____ _____ _____ _____	❑ First Aid ❑ Medical Treatment ❑ Lost Work Days ❑ Fatality ❑ Other (specify) _____

26. WITNESSES

Names:

27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED to INCIDENT? ❒ Not Applicable

❑ Close Clearance/Congestion	❑ Floors/Work Surfaces	❑ Inadequate Housekeeping	❑ Defective Tools/Equipment/Vehicle
❑ Hazardous Placement	❑ Inadequate Ventilation	❑ Equipment Failure	❑ Illumination
❑ Inadequate Warning System	❑ Equipment/Workstation Design	❑ Inadequate Guards/Barriers	❑ Inadequate/Improper PPE

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? ❒ Not Applicable

❑ Abuse or Misuse	❑ Inadequate Supervision	❑ Inadequate Purchasing	❑ Inadequate Engineering
❑ Inadequate Maintenance	❑ Inadequate Tools/Equipt./Mat.	❑ Improper Work Surfaces	❑ Wear and Tear
❑ Lack of Knowledge/Training	❑ Improper Motivation	❑ Inadequate Capacity	❑ Lack of Skill

29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? ❒ Not Applicable

❑ Failure to Make Secure	❑ Under the Influence of Drugs/Alcohol	❑ Failure to Warn/Signal	❑ Inadequate/Improper PPE Use
❑ Nullified Safety/Control Devices	❑ Used Defective Equipment	❑ Horseplay/Distractive Action	❑ Operating at Improper Speed
❑ Used Equipment Improperly	❑ Improper Lifting	❑ Operating Procedure Deviation	❑ Running/Rushing/Acting in Haste
❑ Improper Loading	❑ Unauthorized Actions	❑ Used Wrong Tool/Equipment	❑ None
❑ Improper Technique	❑ Improper Position	❑ Servicing/Operating Equipment	❑ Other_____

30. PREVENTIVE MEASURES (What corrective actions have been taken or are planned to prevent a recurrence?)

❑ Improve Enforcement	❑ Improve Clean-Up Procedures	❑ Repair/Replace Equipment	❑ Corrective Counseling
❑ Improve Storage/Arrangement	❑ Rotation of Employee	❑ Eliminate Congestion	❑ Improve/Change Work Method
❑ Identify/Improve PPE	❑ Install/Revise Guards/Devices	❑ Task Analysis to be Completed	❑ Task Analysis/Procedure Revision
❑ Improve Design/Construction	❑ Job Reassignment of Employee	❑ Use Other Materials/Supplies	❑ Improve Illumination
❑ Mandatory Pre-Job Instructions	❑ Improve Ventilation	❑ Reinstruction of Employee	❑ Other_____

31. EMPLOYEE'S DESCRIPTION of INCIDENT (attach sheet for additional comments) ❒ Comments sheet attached

Signature of Employee: _____

32. SUPERVISOR'S DESCRIPTION of INCIDENT (attach sheet for additional comments) ❒ Comments sheet attached

Signature of Supervisor:

33. WITNESS or THIRD-PARTY STATEMENT (attach sheet for additional comments) ❒ Comments sheet attached

Signature of Witness/Third-Party: